

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	20	20	73	73	20	20

IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	20	20	73	73	20	20